



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 16, 2011

Larry Goetschius, Administrator
Addison County Home Health & Hospice Inc
Po Box 754
Middlebury, VT 05753

Provider ID #:477014

Dear Mr. Goetschius:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 14, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ DEC 12 11 Licensing and Protection		(X3) DATE SURVEY COMPLETED C 11/14/2011
NAME OF PROVIDER OR SUPPLIER ADDISON COUNTY HOME HEALTH & HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 754 MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 001 SS=A	Initial Comments An unannounced on-site complaint investigation for the Designation and Operation of Home Health Agencies was conducted by the Division of Licensing and Protection on 11/14/11. There were State regulatory violations.	H 001			
H 645 SS=D	6.12(a) Organization, Services and Administration VI. Organization, Services and Administration 6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint. (a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the agency failed to assure all complaints were logged and investigated in a timely manner for 1 client (Client # 1) Findings include: 1. Per record review the agency failed to document on the complaint log the name, date, person assigned, subject, and resolution of a complaint by client #1. Per review on 11/14/11 of the Agency's complaint log there were no entries for the year 2011 and 1 entry in 2010, not related to patient's concerns. Per a memo and letter dated 02/17/11 the Licensed Nursing Assistant (LNA) supervisor wrote "there are several complaints about your (to a specific LNA) abrupt communication..recently one of your patients	H 645	Action to correct the deficiency. 1. Issue presented to management team to discuss the seriousness of the issue and plan for correcting the deficiency (see attached minutes). 2. QA committee will meet and complete the following: a. Review and revise our policy and procedure for patient complaints (see attached revised policy). b. Redefine what constitutes a complaint (see attached QA minutes). c. Identify a more effective and efficient method of documenting patient complaints. (see attached QA minutes). d. Develop and implement a computerized database for patient complaints (see attached QA minutes). e. Present changes in the patient complaint process to clinical staff. Emphasizing all complaints will be tracked (see attached minutes). f. QA Coordinator to review patient complaints weekly. QA Committee to review patient complaints monthly and/or no less than quarterly. 3. Review completed process with the management team. Invite additional program coordinators (Home Health Aide Coordinator, Choices for Care Coordinator) to management for review of the revised process.	11/16/11 11/29/11 11/29/11 11/29/11 In process 12/07/11 In process 12/07/11 and 12/14/11	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Adam L. Thompson* TITLE *Clinical Director* (X6) DATE

STATE FORM

6899

67111

If continuation sheet 1 of 2

Michelle Hadoka RNMS QA Coordinator

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/14/2011
NAME OF PROVIDER OR SUPPLIER ADDISON COUNTY HOME HEALTH & HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 754 MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 645	Continued From page 1 complained that you left [patient] alone in the bathroom.....another patient complained you left wet towels etc in the bathroom, this upset [patient] enough to cancel services completely." Per interview on 11/14/11 at 9:50 AM the Human Resource Director stated that s/he was not aware of the concerns from patients until after the LNA's termination from employment for unprofessional behavior. Per interview at 10:25 AM the Quality Assurance Director confirmed that the complaints should be documented in the complaint log using the Agency's complaint form, which included unprofessional behavior and suspected neglect/theft. S/he confirmed these concerns were not on the complaint log and "staff have not been filling it (log) out".	H 645	<p>Measures put in place to assure the deficient practice does not recur.</p> <ol style="list-style-type: none"> 1. Implementation of a computerized version of the complaint form to assure increased compliance. 2. Discussions with managers and clinical staff as discussed above. 3. Regularly scheduled review of patient complaints by QA Coordinator, QA Committee and Management Team. <p>How corrective action will be monitored.</p> <ol style="list-style-type: none"> 1. QA Coordinator will: <ol style="list-style-type: none"> a. Review patient complaints weekly. b. Remind managers on a consistent basis to be documenting patient complaints. 2. QA Committee will review patient complaints monthly and/or no less than quarterly. 3. QA Coordinator will summarize patient complaints and present to Management Team monthly and/or no less than quarterly. 	12/05/11 On going 12/05/11	
<p>H645 POC accepted 12/15/11 Susan J. Emmons RN</p>					

[Handwritten signature]

Addison County Home Health and Hospice
Management Team Minutes – November 16, 2011

Attendees: Becky Bonvouloir, Paige Gallo, Larry Goetschius, Lorraine Richards, Michele Hadeka, Marcia Wheeler

Absent: Diane Cushman, Lee Ann Goodrich, Cindy Paquette, Sharon Thompson

EHR Implementation

- Day sheet process reviewed.
 - Reviewed staff who were ready to transition to McKesson
 - W/E staff would be the last to transition
 - Revise day sheets for clinical staff to reference episode # not admission #.
 - There will be a W/E laptop assigned. Betsy will do OASIS and eventually may do admissions.
- Action: Determine who will need laptops. Review financials

State Investigation

- The state came in to investigate two complaints:
 1. Pt. LW requested that her son be able to be in the home during visits.
 2. Pt complaint that a staff member was stealing medications.
- Both incidences were well documented.
- We failed to fill out a Patient Complaint on the missing medication event. It will be added to the Performance Improvement Plan.
 1. We need to define what a complaint is.
 2. Re-evaluate our process for handling complaints by QA committee
 3. Present new process to staff
 4. Put the complaint form on the computer so it is easy to fill out.

Action: Wait to hear from the state.

Holiday Event

- Hold a Holiday Breakfast like last year and give out holiday gift.
- Holiday gift will be a canvas bag (similar to 4 years ago) with our new logo and small gifts.

Action: Paige will order the canvas bags. Paige and Michele will shop for the goodies. We need a date for the breakfast.

The next meeting of the Management Team will be Wednesday, November 30th, at 9am in the large conference room.

Agenda

EHR Implementation

Date for Holiday Breakfast

Performance Review Workshop

Addison County Home Health and Hospice, Inc.

Quality Assurance/Improvement Committee Meeting

Date: November 29, 2011

Time: 2:00 to 4:00 p.m.

Present: Marcia Wheeler, RN (Hospice Coordinator), Lorraine Richards, RN and Becky Bonvouloir, RN (Team Leaders), Michele Hadeka, RNMS (QA/QI Coordinator)

Absent: LeeAnn Goodrich, RN (Team Leader), Sharon Thompson, RN (Clinical Director)

Recorder: Michele Hadeka, RNMS

I. Patient Complaint – Policy and Process

Michele Hadeka reviewed with the committee the recent investigation by the State of Vermont, Division of Licensing and Protection. She stated that in the discussion she had via phone with the investigator, Susan Emmons, RN, that as a result of the investigation we (the QA Committee) will do the following:

1. Review and revise our policy and procedure for documenting and resolving patient complaints.
2. Redefine what constitutes a complaint.
3. Identify more effective and efficient means of documenting patient complaints.
4. Discuss the issue with the management team (done on 11/16/2011).
5. Present and discuss the issue with the clinical staff.
6. Add this improvement project to our 2011-2012 Performance Improvement Plan.

What constitutes a complaint? Our discussion around what is a complaint was interesting in that all the issues that we believe are complaints are already listed on our current patient complaint form and the problem isn't knowing what a complaint is. Our problem is that we have not been documenting patient complaints appropriately.

The primary reason that we have not been documenting appropriately appears to be the statement in the current policy which says; "Complaints **do not** need to be documented when received and resolved the same day the complaint was received" (See current policy). Members stated that because of this statement we as managers have proceeded to resolve issues (the majority of which are minor) but that we have not then followed through and documented them.

Michele Hadeka, RNMS stated that in her discussion with Susan Emmons, RN, She had said we really should be documenting all complaints because then we could more easily track potential issues with problem employees or patient who

call the office often for minor complaints like "the aide put the shower chair in the wrong place."

Decision: Members agreed that **we will start documenting all complaints** and to do that we need to revise the policy and identify a more efficient means of documenting. We agreed that the statement about not needing to document those complaints resolved the same day will be removed from the policy.

Decision: We agreed to make some minor revisions on the current complaint form. In addition, we agreed to have a template of the current patient complaint form made for use on the computer. All complaints will be kept in a single file within the computer which will replace the current paper version of the complaint log. We decided that for multiple complaints from the same patient/family that the initial complaint would be documented on the complaint form and that subsequent complaints would be documented in an abbreviated fashion on an addendum to the original. The addendum would identify the date, the issue, the resolution and the individual completing the documentation. This addendum would facilitate tracking of potential problem prone situations as well as potential personnel issues.

Marcia Wheeler asked that as we make revisions in our current policy that we state that "when field staff receives complaints on home visits that they refer the patient/family to the appropriate management level person and so the manager can directly receive the information related to the patient concerns. Members agreed that this is more appropriate than the field staff bringing the concern as second hand information to the manager.

Marcia Wheeler also suggested that we have a discussion with the management team regarding complaints that may/will come to us via our website. Currently those go to the executive director. Is that where they should go? Should they come directly to the clinical director? These are questions we will bring to the management team.

Decision: Updates to the policy/procedures
Michele Hadeka will make the revisions as discussed for the policy and the actual complaint form. She will also attempt to design an addendum.

Decision: The QA Coordinator will review the complaint file weekly and present to the QA Committee monthly but no less than quarterly.

Addison County Home Health & Hospice, Inc.

3

Patient Complaints

POLICY:

Patient concerns and complaints shall be received, investigated and resolved in an efficient and professional manner. All patients shall be treated with respect and dignity with conflict resolution as the primary goal. Patient complaints may be received from patients, families, caregivers, physicians, etc.

PURPOSE:

To assure that a mechanism for receiving, investigating and resolving patient concerns/complaints is in place.

PROCEDURE:

1. Patient concerns and complaints will be directed to the clinical director, team leaders or designee, E.g. Home Health Aide Coordinator, Choices for Care Coordinator, weekend supervision.
2. Patient concerns and complaints will be documented on the Agency patient complaint form. Field staff who receive a patient complaint will provide the patient/family with the name and phone number of the clinical director, team leader or designee to facilitate the reporting of the complaint. new
3. All patient concerns and complaints will be addressed within 48 business hours.
4. The clinical director, team leader or designee will investigate the concern/complaint by interviewing the staff involved.
5. The process for resolving the conflict will be explained to the patient, in clear understandable language. Provisions will be made, on an individual basis, for patients who may have a speech or hearing impairment.
6. Resolution of a concern/complaint will occur on an individual basis. The executive director, clinical director, team leader or designee will respond to the specific complaint in writing if appropriate. The written response will outline the steps to be taken for the resolution of the complaint.
7. Patients or family members not satisfied with the proposed resolution shall receive an explanation from the executive director, clinical director, team leader or designee of what other options are available for resolution of the conflict.
8. The patient will be given the following hotline numbers on admission to agency services:
 - a. **VAHHA Ombudsman Program 1-800-713-0893**
 - ~and~
 - b. **Vermont State Home Health Hotline 1-800-564-1612**
9. In the event a patient concern or complaint requires it to be reported to a specific agency, e.g. adult or child protective services, local or state police, agency staff will comply.

③

10. Patient concerns/complaints will be reviewed by the Q.A. coordinator weekly. The QA Committee will review the patient complaints monthly and/or no less than quarterly.

I new

Professional Advisory Committee: 06/03, 07/04, 10/05, 02/06, 03/08, 03/09, 03/10, 03/11
Board Approved: 06/03, 11/11/03, 05/09

Addison County Home Health & Hospice, Inc.
Patient Complaint Form

4

Date: ____/____/____

Record patient complaints received by the agency in the field, by telephone, in writing, or in person at the Agency.

Patient Name: _____

DOB: ____/____/____

☐ Patient ☐ Family Member ☐ Staff

☐ Physician ☐ Primary Care Provider ☐ Other

Complaint Reported by: _____

Complainant Phone Number: _____

Actions Requested by complainant: _____

Signature of Staff Receiving Complaint

Date Action Taken: ____/____/____

Action Taken: _____

Resolved to Complainant's satisfaction within a seven (7) day period from when the original complaint was made?

☐ Yes ☐ No, Explain: _____

Please indicate the program and staff involved in the complaint. Check all applicable.

Program: ☐ Homecare

Staff: ☐ RN

☐ Therapy ☐ Hospice

☐ PT ☐ MSW

☐ MCH ☐ High Tech

☐ OT ☐ HHA

☐ Homemaker

☐ SLP ☐ PCA

☐ Medicaid Waiver

☐ Office Staff

☐ Business Office

☐ Management

☐ Other: _____

☐ Other: _____

Please categorize concern/complaint in one of the following 3 categories:

1 . Service Issues:

☐ Choice of Provider ☐ Length of Visit

☐ Personality Conflict ☐ Time of Day

☐ Staff Inconsistency ☐ Communication

☐ Inability to Staff Visit ☐ Theft

☐ Missed Visit(s) ☐ Abuse/Neglect

☐ Quality or Adequacy of Care

☐ Unprofessional Behavior

☐ Reduction in Service/Agency Discretion

☐ Other (explain): _____

2 . Payment Issues:

☐ Cost of Care ☐ Payer Does Not Cover

☐ Billing for Services Not Provided

☐ Other (explain): _____

3 . System Issues:

☐ Ineligible for Services

☐ Waiting List for Services

☐ Other (explain): _____

Date reviewed by QA Coordinator ____/____/____

Date Reviewed by QA Committee ____/____/____

Signature/Title of person completing form

Date

Reviewed by Program Director-Signature/Title

Date

This is a temporary version
of an addendum

Addison County Home Health and Hospice, Inc. Patient Complaint Addendum

Date

Complaint

Action Requested

Resolution

Taken by

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CA

Addison County Home Health and Hospice, Inc.
Staff Conference Minutes

49

Date: December 7, 2011

Present: See attached attendance sheet

Conducted by: Sharon Thompson, RN, Clinical Director

Recorder: Michele Hadeka, RNMS

I. Patient Complaint / Plan of Correction—"ATTENTION ALL STAFF"

Sharon stated that our Agency had recently had an investigation by the State of Vermont, The Division of Licensing and Protection for a patient complaint. She turned the meeting over to Michele Hadeka – QA Coordinator to present to staff a summary of the investigation and its resolution.

Michele stated that on November 14, 2011, an unannounced on-site complaint investigation for the Designation and Operation of Home Health Agencies was conducted by the Division of Licensing and Protection. On the day of the on-site visit, a record review was done and interviews were conducted by the investigator. Unfortunately, several individuals (QA Coordinator, Clinical Director and a specific department supervisor) were not present due to extenuating circumstances.

As the investigator proceeded she was not able to find documentation of the complaint in the Agency complaint log and the documentation the specific department supervisor had regarding the incident, follow up and resolution were in the supervisor's office but were not able to be located by the Executive Director.

Michele said the investigator was kind enough to call and speak directly with her and the specific department supervisor on November 15, 2011. Michele stated that she was extremely frustrated as she had not been made aware of the situation when it happened and as a result did not have any information in the complaint log.

Michele also stated that our old policy stated that if a complaint was received and resolved the same day (we had interpreted this as 24 hours) that this is why complaints have not been documented. (Most complaints we have do get resolved in 24 hours.) The investigator pointed out that by having this statement in our policy we are missing a lot of information that ideally should be tracked and could be useful to us. For example, repeated complaints could show that a specific employee is late for patient visits often. Or tracking could help us with patients who call repeatedly for very small things like – the HHAide put the shower chair in the wrong place.

Michele stated that the investigator is right and we do need to rethink our process. She said the QA Committee met last week and revised the policy (policy and complaint form distributed to all staff). **The statement about not needing to document a complaint if resolved in 24 hours has been removed.** Michele called attention to the procedure part of the policy #2 that says "Field Staff who receive a patient complaint will provide the patient/family with the name and phone number of the clinical director, team leader or designee to facilitate the reporting of a complaint." Thus, allowing the patient to have direct access to the appropriate management personnel.

Several staff raised the question regarding what they should do if the patient doesn't make the phone call and still complains. In that instance bring it to the attention of the appropriate supervisor. Sharon Thompson also said that if staff see or hear complaints about our staff regarding serious issues such as alcohol or drug use to **please** report this to a supervisor immediately.

Michele stated that in this investigative process the specific department supervisor also spoke with the investigator by phone and provided her with her written documentation of the process and resolution.

(continued on next page)

(6)

Several employees asked if there was a complaint about them; would they be notified? Sharon and Michele absolutely; a team leader or appropriate manager would talk with the individual employee.

The conclusion, to this incident is that a Plan of Correction has been developed, written and is being implemented. Today's presentation/discussion is part of that Plan of Correction as is the revision of the policy and making the complaint form and process more efficient. The Plan of Correction is due at Licensing and Protection tomorrow.

The Plan of Correction will be posted on the bulletin board in the copy area for all employees to review.

II. **PT/INR Results**

Lorraine Richards talked about how we are currently using our PT/INR fax sheet. She said that many doctor's offices are using it with no problem; they complete the orders and fax back. However, there are a couple of offices that want to use their own order sheet when faxing orders to us.

So, when calling PT/INR results to an MD office, ask if they want you to fax the results on our fax sheet as well. If they say no they will generate the order then do not proceed with the fax.

Several nurses including Kim Norton, RN said that this is what they are doing and it is working well. Some nurses said they have still been faxing. Michele pointed out if we send a fax and the MD office responds on their own order sheet, the people who track our faxes (office staff) don't always understand that the order has come back and they resend the original fax. So, see the directions above in bold print and proceed as described.

III. **OASIS – Pain Assessment**

Kim DeGray, RN (Utilization Review Nurse) reminded clinicians that when answering the OASIS question **M1240 "Has the patient had a formal pain assessment?"** You can not answer yes to that question if you have not completed the preceding pain assessment. If not completed you need to mark no. **However, a pain assessment should be completed on all patients.**

OASIS Depression

Suzette LaVallee, RN raised a question regarding how to present the scoring of the question on depression M1730 for our interim orders we obtain to fulfill question M2250. Kim DeGray stated that the score that should be provided is a total of the two questions. There is some confusion by staff regarding the way the score is presented on our interim orders. Michele said she would have this corrected on our interim orders.

IV. **Introduction of New Employee**

Trish Meyer, RN has been hired to work with the Hospice Team; she comes to us from Massachusetts and has a great deal of experience. Please welcome her.

V. **Christmas Surprise**

Sharon and Michele gave away gift certificates to the Water Fall Day Spa to 10 clinicians. (The Waterfall Day Spa is owned by two of our former employees, Sara Daly, PT and Laurie Webb, SLP.) Michele asked random staff to pick a number between 1 and 45. She assigned numbers to the sign in sheet after everyone had signed in.

The winners were:

# 6 Trish Meyer, RN	# 32 Melodie Huizenga, PT
# 14 Gerry Kolaczewski, LPN	# 35 Walterine Masterson, RN
# 20 Jen Oxford, OT	# 10 Val Doria, RN
# 23 Carla Tighe, PT	# 41 Amy Curtis, MSW
# 29 Mary Daly, RN	# 18 Kevin Griffin, PT

(6)

Michele announced there will be a Christmas/Holiday breakfast on Thursday morning, November 15, in the large conference room.

- VI. Stephanie Stoddard asked about Lee Ann Goodrich, RN, Team Leader. Her surgery was yesterday and doing well. Her daughter is recovering also very nicely. Alisa Breau, SLP, is also recovering from surgery. Gift baskets will be put together for both Lee Ann and Alisa; Walt Masterson will oversee.

Staff Conference Sign In Sheet

December 8, 2011

- | | |
|--------------------------|---------------------------|
| 1 Cheryl Connor RN | 27 Janaine Richards |
| 2 Julie Glover R | 28 M. Stacheczek RN |
| 3 T. Hume RN | ✓ 29 M. Stacheczek RN |
| 4 Jared O'Shea II RN | 30 Cathy M. Stacheczek |
| 5 Kathryn Lafkowitz RN | 31 Suzette LaVallee, RN |
| ✓ 6 Irish Meyer RN | ✓ 32/ Melodie Henry PT |
| 7 Jimmy S. Mault RN | 33 Chadwick Smith PT |
| 8 [Signature] | 34 Phil Thomas RN |
| 9 J. Maynes RN | ✓ 35 Walt Masterson RN |
| ✓ 10 Val Doro, RN | 36 Michelle Cousineau RN |
| 11 Nancy Benson, RN | 37 Jane Smith LICSW |
| 12 Donna Sanabrown | 38 Sarah Dodd, LICSW |
| 13 Laura Ethier, LICSW | 39 Stephanie Doddard RN |
| ✓ 14 Leroy Holagowski RN | 40 Doreen Cushman RN |
| 15 LARRY Goetschius | ✓ 41 Amy Curtis, BSW |
| 16 M. Ryznar RN | 42 M. Stacheczek RN |
| 17 [Signature] PT | 43 Rebecca [Signature] RN |
| ✓ 18 [Signature] PT | 44 Kori Mitchell RN |
| 19 Heidi Wilhelm PT | 45 Elizabeth D. John, PT |
| ✓ 20 [Signature] Marnie | Michelle Haddock RN |
| 21 Kathleen [Signature] | |
| ✓ 22 Carol F. High PT | |
| 23 Karen Norton, RN | |
| 24 Noelle S. Houtz | |
| 25 Kim DeGray RN | |
| 26 Ann Guberman RN | |
| 27 Marc Kogel RN | |



There's no place like home.

RECEIVED
Division of

DEC 14 11

Licensing and
Protection

December 8, 2011

Suzanne Leavitt, RN, MS
Assistant Director
Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
103 South Main St., Ladd Hall
Waterbury, VT 05671-2306

Dear Ms. Leavitt,

Enclosed you will find a Plan of Correction submitted to you from Addison County Home Health and Hospice, Inc. for your approval.

In addition to the Plan of Correction you will find several attachments with supporting documentation. Those documents are:

- 1) Minutes of a Management meeting on 11/16/11
- 2) Minutes of a Quality Assurance meeting on 11/29/11
- 3) Revised policy on patient complaints
- 4) Revised form for patient complaints
- 5) Addendum to patient complaint form
- 6) Minutes of Staff Conference meeting on 12/07/11

Please feel free to contact me if there are further questions at (802) 388-7259.

Sincerely,

Michele Hadeka, RNMS
Quality Assurance Coordinator